



# **The Health and Social Care Alliance Scotland (the ALLIANCE)**



**Public Health Scotland: Shaping our  
strategy 2025-35 consultation  
ALLIANCE response**

**28 August 2025**

## Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the Public Health Scotland (PHS) consultation to support the development of its new 2025-2035 strategy<sup>1</sup>.

PHS is a member and long-standing partner of the ALLIANCE, and we believe there are numerous opportunities for continued collaboration to develop and deliver the strategy and achieve our shared ambitions.

As well as opportunities, our response highlights some of the challenges to preventing health inequalities and increasing healthy life expectancy, and for much-needed system change more broadly.

### **Question 1: Where do you see the greatest opportunities for collaboration between your organisation and PHS in delivering the vision set out in this document?**

As PHS is a member and partner of the ALLIANCE, we believe there are numerous opportunities for continued collaboration between us. Our long-standing relationship dates from PHS's predecessors, Health Protection Scotland, Information Services Division, and NHS Health Scotland.

Our organisations work closely together both at the strategic level and on a number of specific initiatives. Some examples include: our Health and Human Rights Partnership; the Inclusion Health Partnership; contributing to Health and Social Care PHAcT workstreams; gambling harms; a cardiac data audit with our Heart Disease Lived Experience Network; an ALLIACE membership event with the PHS vaccination team to support improved communications on the Flu/Covid winter vaccinations programme; and ongoing work with the PHS Pelvic Health Registry to set up a lived experience group.

Given how closely our organisational visions align,<sup>2</sup> we believe there are numerous opportunities for continued positive collaboration between the ALLIANCE and PHS. This includes, but is not limited to:



- Further development of the PHS strategy 2025-2035, for example informed by the ALLIANCE and our third sector<sup>3</sup> and lived/living experience members.
- Collaboration with the ALLIANCE and our members in strategy delivery, including stewardship towards a prevention-focused system.
- Providing trustworthy, evidence-based opinion to help inform policy and its implementation.
- Collaboration on a range of issues of mutual interest, including – but not limited to – inclusion health, mental health, digital inclusion, healthcare public health, whole system integration, and implementing a public health approach to the commercial determinants of health like gambling.
- Sharing our knowledge and expertise in equality and human rights.
- Engagement with ALLIANCE membership through networking and/or events.
- Acting as a bridge-builder and catalyst for positive change through connections with our widespread membership and networks.
- Partnership working on research, including peer research, and continued improvements to outcomes-focused impact and evaluation frameworks.
- Support for workforce training, learning and development, for example on inclusive communication.

The ALLIANCE would welcome the opportunity to discuss these further.

**Question 2: What challenges or barriers do you foresee in achieving the ambitions set out here—either for your organisation, or for the wider system?**

### **Language and terminology**

In order to overcome any barriers that could result from unclear language, we recommend clear terminology and definitions in the PHS strategy.

For example, the consultation document notes that PHS is both “Scotland’s national population health organisation” and “Scotland’s national public health body”. The ALLIANCE understands that the terms ‘population health’



and ‘public health’ are sometimes used interchangeably – and there are commonalities – but they are not the same.<sup>4</sup> While ‘public health’ is a well-established concept in Scotland, ‘population health’ is less widely understood. We recommend clarifying what this term means, as well as the PHS role.

## **Human rights**

A major potential barrier to the ambitions for both the PHS strategy and the wider system is the lack of reference to human rights anywhere in the consultation document. A number of rights-related factors are identified for the strategy’s future focus, including:

“social and economic drivers of health, place and community, enabling health living, fair access to health and care services, vaccines, infectious disease preparedness and elimination, and supporting public services to be more prevention focused”

Therefore, the lack of explicit reference to rights anywhere in the document is noticeable, and particularly stark given the important role that PHS plays in advancing the rights agenda in Scotland and as a leading duty bearer.

Human rights provide a robust framework of laws, principles, values and practice to help guide the development and delivery of the PHS strategy. Explicitly mainstreaming rights in the strategy will ensure it aligns it to national policy priorities like the National Performance Framework (NPF), Population Health Framework (PHF), Public Service Reform Strategy (PSR), Health and Social Care Service Renewal Framework (SRF), the forthcoming Equality and Human Rights Mainstreaming Strategy, and the Scottish Human Rights Bill.

## **Digital**

Another omission in the consultation document is reference to digital. As we know, digital inclusion can be considered a social determinant of health<sup>5</sup>. Given the vital role intended for digital in the implementation of the



PHF and SRF, we recommend PHS reference this in its forthcoming strategy.

### **Unpaid caring**

Similarly, there are growing calls for unpaid caring to be considered a social determinant of health<sup>6</sup>, and we would also recommend the PHS strategy reference this.

### **Defining prevention**

Another major challenge to achieving the system-wide ambitions set out in the consultation document includes ongoing misunderstandings about what ‘prevention’ is. This misunderstanding, and a lack of clarity on what preventative activity includes, can result in unnecessary obstacles to achieving sustainable outcomes.

The ALLIANCE supports efforts to adopt the public approach to prevention across systems and sectors. However, primary prevention should not be conflated with secondary prevention/early intervention. Both are important, but distinguishing between the two facilitates transparent decision making, and can allocate investment at the right level of preventative activity in order to achieve desired outcomes.

We believe more could be done to ensure that the public approach to prevention – as advocated for in the PHF – and the distinction between primary prevention and early intervention are both universally understood and consistently applied across the whole system.

### **Policy implementation**

Another barrier could result from a lack of understanding that the public health approach to prevention applies system-wide, as both the PHF and PSR Strategy make clear. Prevention cannot be the sole domain of public health, or even the wider health and social care system. We believe PHS has a very important role to play, however the drivers to fully respect,



protect and fulfil people's rights and prevent health inequalities can sit outwith its gift.

We also note that the importance of explicitly acknowledging that implementing prevention policy in a rights based way may mean doing things that some stakeholders can find difficult. Some actions that can be difficult include: co production and power-sharing with people, communities and the third sector; long-term investment and work; transparency and accountability; courageous leadership; evidence-gathering; and collaboration and integration across silos and sectors (including fiscal). PHS can play a vital role in ensuring these difficulties are intentionally addressed and overcome, to help avoid an ever-widening gap between policy intent and implementation.

### **Third sector**

Finally, it is important to acknowledge the challenges faced by the third sector, which has a crucial role to play in successfully achieving the ambitions set out in the consultation document. Reducing health inequalities and increasing healthy life expectancy cannot be achieved without the third sector; indeed, we contribute in ways that the public sector simply cannot. However, we are a sector under almost constant threat and therefore must receive sufficient, sustainable investment in order to overcome barriers to our active and meaningful involvement in both policymaking and service delivery.

ALLIANCE third sector members have shared examples with us where public sector colleagues predominantly focus on clinical or NHS-delivered prevention while discounting and defunding vital preventative work delivered by the third sector. PHS can play an invaluable role in ensuring that our role and need for investment is more widely understood and recognised.



### **Question 3: Thinking about PHS's national role where do you think we can add value and contribute more effectively to your work?**

The ALLIANCE brings together people, organisations, and lived experience to shape health and social care policy and services across Scotland. We believe that, through partnership and collaboration, PHS can use its national role and position of influence to help the ALLIANCE achieve our core aims<sup>7</sup> and strategic priorities.<sup>8</sup>

We also deliver a broad range of programmes, many of which closely align to PHS's own activities and future ambitions.<sup>9</sup> Our members are central to what we do, and as a member PHS can play an important role in helping to inform, plan and deliver our work.

### **Question 4: Looking ahead, how can PHS continue to develop and strengthen how we work and collaborate with others?**

We recommend continuing to work closely with the ALLIANCE and our members. As well as bringing our own knowledge and expertise, we have a growing membership of over 3,500 individuals and organisations that we can mobilise to collaborate with PHS.

The ALLIANCE is highly regarded for the engagement support we can provide to the public sector with both third sector health and social care organisations, and people with lived/living experience, including – but not limited to – people living with long term conditions, disabled people, and unpaid carers. We host a broad range of established networks,<sup>10</sup> and can facilitate more ad hoc and tailored engagement. Our Knowledge Hub<sup>11</sup> is an invaluable resource of guides and support to help deliver more meaningful engagement with people with lived/living experience.

### **Question 5: How can PHS best stay connected with you and your team as we move from formulating to delivering our strategy?**

We would welcome the opportunity for further discussions about how the ALLIANCE and our members can provide further support to formulating, as well as delivering, the new PHS strategy.



There are already a number of well-established relationships between the ALLIANCE and PHS senior leadership and staff teams. At this strategic level, in the first instance we recommend building on the strong working relationships already in place with our Senior Management Team, which includes our Chief Officer of Development and Directors, and our Membership team. They can be contacted via the Director of Policy, Research and Impact – details in the Contact section below.

## About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector membership organisation for the health and social care sector. We bring together over 3,500 people and organisations dedicated to achieving our vision of a Scotland where everyone has a strong voice and enjoys the right to live well, with dignity and respect. Our members are essential in creating a society in which we all can thrive, and we believe that by working together, our voice is stronger.

We work to improve the wellbeing of people and communities across Scotland by supporting change in health, social care and other public services so they better meet the needs of everyone in Scotland. We do this by bringing together the expertise of people with lived experience, the third sector, and organisations across health and social care to shape better services and support positive change.

## The ALLIANCE has three core aims.

### We seek to:

- **Empower people with lived experience:** we ensure disabled people, people with long term conditions, and unpaid carers are heard and that their needs remain at the heart of the services and communities.
- **Support positive change:** we work within communities to promote co-production, self management, human rights, and independent living.



- **Champion the third sector:** we work with, support and encourage co-operation between the third sector and health and social care organisations.

The ALLIANCE is committed to upholding human rights. We embed lived experience in our work and aim to ensure people are meaningfully involved at every level of decision-making.

Working together creates positive, long-lasting impact. We work in partnership with the Scottish Government, NHS Boards, universities, and other key organisations within health, social care, housing, and digital technology to manage funding and develop successful projects. Together, our voice is stronger, and we can create meaningful change.

## Contact

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## Endnotes

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<sup>1</sup> Public Health Scotland, 'Consultation: Shaping our Strategy and the Future of Scottish Health', (11 July 2025), available at:

<https://publichealthscotland.scot/news/2025/july/consultation-shaping-our-strategy-and-the-future-of-scotland-s-health/>

<sup>2</sup> The PHS vision set out in the consultation document is “a Scotland where everybody thrives.” The ALLIANCE’s vision is “A Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.” See: <https://www.alliance->



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[scotland.org.uk/blog/news/strengthening-our-collective-voice-alliance-strategic-plan-2023-2028/](https://alliance-scotland.org.uk/blog/news/strengthening-our-collective-voice-alliance-strategic-plan-2023-2028/).

<sup>3</sup> For the ALLIANCE, the third sector includes voluntary organisations, community-based organisations, national organisations, charities, and social enterprises.

<sup>4</sup> The King's Fund, 'What is a population health approach?', 21 July 2022. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/population-health-approach>.

<sup>5</sup> Sieck, CJ, et al, 'Digital inclusion as a social determinant of health', in NPJ Digit Med. 2021 Mar 17;4:52. Available at: [10.1038/s41746-021-00413-8](https://doi.org/10.1038/s41746-021-00413-8). Note that there is also growing reference to the 'digital determinants of health'.

<sup>6</sup> Public Health England, Caring as a social determinant of health: Findings from a rapid review of reviews and analysis of the GP Patient Survey, March 2021. Available at: [https://assets.publishing.service.gov.uk/media/60547266d3bf7f2f14694965/Caring\\_as\\_a\\_social\\_determinant\\_report.pdf](https://assets.publishing.service.gov.uk/media/60547266d3bf7f2f14694965/Caring_as_a_social_determinant_report.pdf)

<sup>7</sup> The ALLIANCE's three core aims are that we seek to: Empower people with lived experience: we ensure disabled people, people with long term conditions, and unpaid carers are heard and that their needs remain at the heart of the services and communities; Support positive change: we work within communities to promote co-production, self management, human rights, and independent living; and Champion the third sector: we work with, support and encourage co-operation between the third sector and health and social care organisations. See <https://www.alliance-scotland.org.uk/about-the-alliance/>.

<sup>8</sup> The ALLIANCE has six strategic priorities: Strengthen our collective voice; Increase meaningful involvement and impact of people with lived experience; Scale and embed successful development work; Address health inequalities with a focus on those who face multiple barriers; Model and promote rights in action; Develop a stronger ALLIANCE. See [https://www.alliance-scotland.org.uk/wp-content/uploads/2023/05/Strategic\\_Plan\\_2023\\_WEB\\_updated\\_2.pdf](https://www.alliance-scotland.org.uk/wp-content/uploads/2023/05/Strategic_Plan_2023_WEB_updated_2.pdf)

<sup>9</sup> See <https://www.alliance-scotland.org.uk/what-we-do/>.

<sup>10</sup> See <https://www.alliance-scotland.org.uk/lived-experience/networks/>.

<sup>11</sup> See <https://www.alliance-scotland.org.uk/lived-experience/knowledge-hub/>.

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